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## ARIZONA STATE DEPARTMENT OF HEALTH

(This return should preferably be made  
by the person who made the original)

DIVISION OF VITAL STATISTICS

## SUPPLEMENTARY REPORT OF BIRTH

County Registrar's No. \*

Place of Birth Globe, Arizona County Gila No. \_\_\_\_\_ St. \_\_\_\_\_  
(Registration District)

SEX OF CHILD*	Twin Triplet or other?	and	Number in order of birth
Female			2

DATE OF BIRTH	November 2	2	1921
	(Month)	(Day)	(Year)

FULL NAME	FATHER
Adrian Barnes Wells	

FULL MAIDEN NAME	MOTHER
Etta Rainey	

I HEREBY CERTIFY that the child described  
herein has been named

Lillian Mary Wells
(Give name in full) (Surname)

*Adrian Barnes Wells*  
(Parent's Signature)

(Signature of Physician or Midwife)

\*These items to be entered by the local registrar before giving out this form.

Blank supplemental reports of birth may be obtained from the local registrar.  
10M 11-41 A.P.

362-1102-598